

INSTRUCTIONS - FORM 2C

Applicant for Permit to Discharge to Wastewater

EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTUREAL OPERATIONS

This information must be completed by all applicants who check "yes" to Item II-C in Form 1.

Public Availability of Submitted Information

Your application will not be considered complete unless you answer every question on this form and on Form 1. If an item does not apply to you, enter "NA" (*for not applicable*) to show that you considered the question.

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. This information will be made available to the public upon request.

Any information you submit to EPA which goes beyond that required by this form or Form 1 you may claim as confidential, but claims for information which is effluent data will be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice to you. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations at 40 CFR Part 2.

Definitions

All significant terms used in these instructions and in the form are defined in the glossary found in the General Instructions which accompany Form 1.

EPA ID Number

Fill in your EPA Identification Number at the top of each page of Form 2C. You may copy this number directly from Item 1 of Form 1.

Item 1

You may use the map you provided for Item XI of Form 1 to determine the latitude and longitude of each of your outfalls and the name of the receiving water.

Item II-A

The line drawing should show generally the route taken by water in your facility from intake to discharge. Show all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and stormwater runoff. You may group similar operations into a single unit, labeled to correspond to the more detailed listing in Item II-B. The water balance should show average flows. Show all significant losses of water to products, atmosphere, and discharge. You should use actual measurements whenever available; otherwise use your best estimate. An example of an acceptable line drawing appears in Figure 2C-1 to these instructions.

Item II-B

List all sources of wastewater to each outfall. Operations may be described in general terms (*for example, "dye-making reactor" or "distillation tower"*). You may estimate the flow contributed by each source if no data are available. For stormwater discharges you may estimate the average flow, but you must indicate the rainfall event upon which the estimate is based and the method of estimation. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes not discharged. Treatment units should be listed in order and you should select the proper code from Table 2C-1 to fill in column 3-B for each treatment unit. Insert "XX" into column 3-B if no code corresponds to a treatment unit you list. If you are applying for a permit for a privately owned treatment works, you must also identify all of your contributors in an attached listing.

Item II-C

A discharge is intermittent unless it occurs without interruption during the operating hours of the facility, except for infrequent shutdowns for maintenance, process changes, or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year. Fill in every applicable column in this item for each source of intermittent or seasonal discharges. Base your answers on actual data whenever available; otherwise, provide your best estimate. Report the highest

daily value for flow rate and total volume in the "Maximum Daily" columns (*columns 4a-2 and 4b-2*). Report the average of all daily values measured during days when discharge occurred within the last year in the "Long Term Average" columns (*columns 4a-1 and 4b-1*).

Item III-A

An effluent guidelines promulgated by EPA appear in the Federal Register and are published annually in 40 CFR Subchapter N. A guideline applies to you if you have an operations contributing process wastewater in any subcategory covered by a BPT, BCT, or BAT guideline. If you are unsure whether you are covered by a promulgated effluent guideline, check with your EPA Regional office (*Table 1 in the Form 1 instructions*).

Item III-B

An effluent guideline is expressed in terms of production (*or other measure of operation*) if the limitation is expressed as mass of pollutant per operational parameter; for example, "pounds of BOD per cubic foot of logs from which bark is removed," or "pounds of TSS per megawatt hour of electrical energy consumed by smelting furnace." An example of a guideline not expressed in terms of a measure of operation is one which limits the concentration of pollutants.

Item III-C

This item must be completed only if you checked "yes" to Item III-B. The production information requested here is necessary to apply effluent guidelines to your facility and you cannot claim it as confidential. However, you do not have to indicate how the reported information was calculated. Report quantities in the units of measurement used in the applicable effluent guideline. The production figures provided must be based on actual daily production and not on design capacity or on predictions of future operations. To obtain alternate limits under 40 CFR 122.45(b)(2)(ii), you must define your maximum production capability and demonstrate to the Director that your actual production is substantially below maximum production capability and that there is a reasonable potential for an increase above actual production during the duration of the permit.

Item IV-A

If you check "yes" to this question, complete all parts of the chart, or attach a copy of any previous submission you have made to EPA containing same information.

Item IV-B

You are not required to submit a description of future pollution control projects if you do not wish to or if none is planned.

Item V-A, B, C, and D

The items require you to collect and report data on the pollutants discharged for each of your outfalls. Each part of this item addresses a different set of pollutants and must be completed in accordance with the specific instructions for that part. The following general instructions apply to the entire item.

General Instructions

Part A requires you to report at least one analysis for each pollutant listed. Part B and C require you to report analytical data in two ways. For some pollutants, you may be required to mark "X" in the "Testing Required" column (*column 2-a, Part C*), and test (*sample and analyze*) and report the levels of the pollutants in your discharge whether or not you expect them to be present in your discharge. For all others, you must mark "X" in either the "Believe Present" column or the "Believe Absent" column (*columns 2-a or 2-b, Part B, and columns 2-b or 2-c, Part C*) based on your best estimate, and test for those which you believe to be present. (*See specific instructions on the form and below for Parts A through D.*) Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, maintenance chemicals, intermediate and final products

FORM 2C - INSTRUCTIONS (continued)

Item V - A, B, C, and D (continued)

and byproducts, and any previous analyses known to you or your effluent or similar effluent. (For example, if you manufacture pesticides, you should expect those pesticides to be present in contaminated stormwater runoff.) If you would expect a pollutant to be present solely as a result of its presence in your intake water, you must mark "Believe Present" but you are not required to analyze for that pollutant. Instead, mark an "X" in the "Intake" column.

A. Reporting. All levels must be reported as concentration and as total mass. You may report some or all of the required data by attaching separate sheets of paper instead of filling out pages V-1 to V-9 if the separate sheets contain all the required information in a format which is consistent with pages V-1 to V-9 in spacing and in identification of pollutants and columns. (For example, the data system used in your GC/MS analysis may be able to print data in the proper format.) Use the following abbreviations in the columns headed "Units" (column 3, Part A, and column 4, Parts B and C).

| Concentration | Mass |
|--------------------------------|-----------------------------|
| ppm.....parts per million | lbspounds |
| mg/l.....milligrams per liter | ton.....tons (English tons) |
| ppb.....parts per billion | mgmilligrams |
| ug/l..... micrograms per liter | g.....grams |
| | kg.....kilograms |
| | Ttonnes (metric tons) |

All reporting values for metals must be in terms of "total recoverable metal," unless:

(1) An applicable, promulgated effluent limitation or standard specifies the limitations for the metal in dissolved, valent, or total form; or

(2) All approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium); or

(3) The permitting authority has determined that in establishing case-by-case limitations it is necessary to express the limitations on the metal in dissolved, valent, or total form to carry out the provisions of the CWA.

If you measure only one daily value, complete only the "maximum Daily Values" columns and insert "1" into the "Number of Analyses" column (columns 2a and 2-d, Part A, and columns 3a, 3-d, Parts B and C). The permitting authority may require you to conduct additional analyses to further characterize your discharges. For composite samples, the daily value is the total mass or average concentration found in a composite sample taken over the operating hours of the facility during a 24-hour period; for grab samples, the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of at least four grab samples taken over the operating hours of the facility during a 24-hour period.

If you measure more than one daily value for a pollutant and those values are representative of your wastestream, you must report them. You must describe your method of testing and data analysis. You also must determine the average of all values within the last year and report the concentration and mass under the "Long Term Average Values" columns (column 2-d, Part A, and columns 3-d, Parts B and C). Also, determine the average of all daily values taken during each calendar month, and report the highest average under the "Maximum 30-day Values" columns (column 2-c, Part A, and column 3b, Parts B and C).

B. Sampling: The collection of the samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact your EAP or State permitting authority for detailed guidance on sampling techniques and for answers to specific questions. Any specific requirements contained in the applicable analytical methods should be followed for sample containers, sample preservation holding

times, the collection of duplicate samples, etc. The time when you sample should be representative of your normal operation, to the extent feasible, with all processes which contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Samples should be collected from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present permit, or at any site adequate for the collection of a representative sample.

For pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, and fecal coliform, grab samples must be used. For all other pollutants 24-hour composite samples must be used. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period of greater than 24 hours. For stormwater discharges a minimum of one to four grab samples may be taken, depending on the duration of the discharge. One grab must be taken in the first hour (or less) of discharge, with one additional grab (up to a minimum of four) taken in each succeeding hour of discharge for discharges lasting four or more hours. The Director may waive composite sampling for any outfall for which you demonstrate that use of an automatic sampler is infeasible and that a minimum of four grab samples will be representative of your discharge.

Grab and composite samples are defined as follows:

Grab sample: An individual sample of at least 100 milliliters collected at a randomly-selected time over a period not exceeding 15 minutes.

Composite sample: A combination of at least 8 sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over a 24-hour period. The composite must be flow proportional; either the time interval between each aliquot or the volume of each aliquot must be proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot. Aliquots may be collected manually or automatically. For GC/MS Volatile Organic Analysis (VOA), aliquots must be combined in the laboratory immediately before analysis. Four (4) (rather than eight) aliquots or grab samples should be collected for VOA. These four samples should be collected during actual hours of discharge over a 24-hour period and need not be flow proportioned. Only one analysis is required.

The Agency is currently reviewing sampling requirements in light of recent research on testing methods. Upon completion of its review, the Agency plans to propose changes to the sampling requirements.

Data from samples taken in the past may be used, provided that:

All data requirements are met;

Sampling was done no more than three years before submission; and

All data are representative of the present discharge.

Among the factors which would cause the data to be unrepresentative are significant changes in production level, changes in raw materials, processes, or final products, and changes in wastewater treatment. When the Agency promulgates new analytical methods in 40 CFR Part 136, EPA will provide information as to when you should use the new methods to generate data on your discharges. Of course, the Director may request additional information, including current quantitative data, if she or he determines it to be necessary to assess your discharges.

C. Analysis: You must use test methods promulgated in 40 CFR Part 136; however, if none has promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge provided that you submit a description of the method or a reference to a published method. Your description should include the sample holding time, preservation techniques, and the quality control measures which you used. If you have two or more substantially identical outfalls, you may request permission from your permitting authority to sample and analyses only one outfall and submit the results of the analysis

FORM 2C - INSTRUCTIONS (continued)

Item V - A, B, C, and D (continued)

For other substantially identical outfalls. If your request is granted by the permitting authority, on a separate sheet attached to the application form, identify which outfall you did test, and describe why the outfalls which you did not test are substantially identical to the outfall which you did test.

D. Reporting of Intake Data: You are not required to report data under the "Intake" columns unless you wish to demonstrate your eligibility for a "net" effluent limitation for one or more pollutants, that is, an effluent limitation adjusted by subtracting the average level of the pollutant(s) present in your intake water. NPDES regulations allow net limitations only in certain circumstances. To demonstrate your eligibility, under the "Intake" columns report the average of the results of analyses on your intake water (*if your water is treated before use, test the water after it is treated*), and discuss the requirements for a net limitation with your permitting authority.

Part V-A

Part V-A must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water or storm runoff. However, at your request, the Director may waive the requirement to test for one or more of these pollutants, upon a determination that available information is adequate to support issuance of the permit with less stringent reporting requirements for these pollutants. You also may request a waiver for one or more of these pollutants for your category or subcategory from the Director, Office of Water Enforcement and Permits. See discussion in General Instructions to Item V for definitions of the columns in Part A. The "Long Term Average Values" column (*column 2-c*) and "Maximum 30-Day Values" column (*column 2-b*) are not compulsory but should be filled out if data are available.

Use composite samples for all pollutants in this Part, except use grab samples for pH and temperature. See discussion in General Instructions to Item V for definitions of the columns in Part A. The "Long Term Average Values" column (*column 2-c*) and "Maximum 30-Day Values" column (*column 2-b*) are not compulsory but should be filled out if data are available.

Part V-B

Part V-B must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water or storm runoff. You must report quantitative data if the pollutant(s) in question is limited in an effluent limitations guideline either directly, or indirectly but expressly through limitation on an indicator (e.g., *use of TSS as an indicator to control the discharge of iron and aluminum*). For other discharged pollutants you must provide quantitative data or explain their presence in your discharge. EPA will consider requests to the Director of the Office of Water Enforcement and Permits to eliminate the requirement to test for pollutants for an industrial category or subcategory. Your request must be supported by data representative of the industrial category or subcategory in question. The data must demonstrate that individual testing for each applicant is unnecessary, because the facilities in the category or subcategory discharge substantially identical levels of the pollutant or discharge the pollutant uniformly at sufficiently low levels. Use composite samples for all pollutants you analyze for in this part, except use grab samples for residual chlorine, oil and grease, and fecal coliform. The "Long Term Average Values" column (*column 2-c*) and "Maximum 30-Day Values" column (*column 2-b*) are not compulsory but should be filled out if data are available.

Part V-C

Table 2c-2 lists the 34 "primary" industry categories in the left-hand column. For each outfall, if any of your processes which contribute wastewater falls into one of those categories, you must mark 'X' in the "Testing Required" column (*column 2-a*) and test for (1) all of the toxic metals, cyanide, and total phenols, and (2) the organic toxic pollutants contained in Table 2c-2 as applicable to your category, unless you qualify as a small business (*see below*). The organic toxic pollutants are listed by GC/MS fractions on pages V-4 to V-9

in Part V-C. For example, the Organic Chemicals Industry has an asterisk in all four fractions; therefore, applicants in this category must test for all organic toxic pollutants in Part V-C. The inclusion of total phenols in Part V-C is not intended to classify total phenols as a toxic pollutant. If you are applying for a permit for a privately owned treatment works, determine your testing requirements on the basis of the industry categories of your contributors. When you determine which industry category you are in to find your testing requirements, you are not determining your category for any other purpose and you are not giving up your right to challenge your inclusion in that category (*for example, for deciding whether an effluent guideline is applicable*) before your permit is issued. For all other cases (*secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions*), you must mark "X" in either the "Believed Present" column (*column 2-b*) or the "Believed Absent" column (*column 2-c*) for each pollutant. For every pollutant you know or have reason to believe is present in your discharge in concentrations of 10 ppb or greater, you must report quantitative data. For acrolein, acrylonitrile, 2, 4, dinitrophenol, and 2-methyl-4, 6 dinitrophenol, where you expect these four pollutants to be discharged in concentrations of 100 ppb or greater, you must report quantitative data. For every pollutant expected to be discharged in concentrations less than the thresholds specified above, you must either submit quantitative data or briefly describe the reasons the pollutant is expected to be discharged. At your request, the Director of Office of Water Enforcement and Permits may waive the requirement to test for pollutants for an industrial category or subcategory. Your request must be supported by data representatives of the industrial category or subcategory in question. The data must demonstrate that individual testing for each applicant is unnecessary, because the facilities in question discharge substantially identical levels of the pollutant, or discharge the pollutant uniformly at sufficiently low levels. If you qualify as a small business (*see below*) you are exempt from testing for the organic toxic pollutants, listed on pages V-4 to V-9 in Part C. For pollutants in intake water, see discussion in General Instructions to this item. The "Long Term Average Values" column (*column 3-c*) and "Maximum 30-Day Values" column (*column 3-b*) are not compulsory but should be filled out if data are available. You are required to mark "Testing Required" for dioxin if you use or manufacture one of the following compounds:

- (a) 2,4,5-trichlorophenoxy acetic acid, (2,4,5-T);
- (b) 2-(2,4,5-trichlorophenoxy) propanoic acid, (Silvex, 2,4,5-TP);
- (c) 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate, (Erbon);
- (d) 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate, (Ronnel);
- (e) 2,4,5-trichlorophenol, (TCP);
- (f) Hexachlorophene, (HCP).

If you mark "Testing Required" or "Believed Present," you must perform a screening analysis for dioxins, using gas chromatography with an electron capture detector. A TCDD standard for quantitation is not required. Describe the results of this analysis in the space provided; for example, "no measurable baseline deflection at the retention time of TCDD" or "a measurable peak within the tolerances of the retention time of TCDD." The permitting authority may require you to perform a quantitative analysis if you report a positive result. The Effluent Guidelines Division of EPA has collected and analyzed samples from some plants for the pollutants listed in Part C in the course of its BAT guidelines development program. If your effluents are sampled and analyzed as part of this program in the last three years, you may use these data to answer Part C provided that the permitting authority approves, and provided that no process change or change in raw materials or operating practices has occurred since the samples were taken that would make the analyses unrepresentative of your current discharge.

FORM 2C - INSTRUCTIONS (continued)

ITEM V - A, B, C, and D (continued)

Small Business Exemption: If you qualify as a "small business," you are exempt from the reporting requirements for the organic toxic pollutants, listed on pages V-4 to V-9 in Part C. There are two ways in which you can qualify as a "small business." If your facility is a coal mine, and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (*such as a schedule of estimated total production under 30 CFR § 795.14(c)*) instead of conducting analyses for the organic toxic pollutants. If your facility is not a coal mine, and if your gross total annual sales for the most recent three years average less than \$100,000 per year (*in second quarter 1980 dollars*), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants. The production of sales data must be for the facility which is the source of the discharge. The data should not be limited to production or sales for the process or processes which contribute to the discharge, unless those are the only processes at your facility. For sales data in situations involving intracorporate transfer of goods and services, the transfer price per unit should approximate market prices for those goods and services as closely as possible. Sales figures for years after 1980 should be indexed to the second quarter of 1980 by using the gross national product price deflator (*second quarter of 1980 = 100*). This index is available in *National Income and Product Accounts of the United States* (Department of Commerce, Bureau of Economic Analysis).

Part V-D

List any pollutants in Table 2c-3 that you believe to be present and explain why you believe them to be present. No analysis is required, but if you have analytical data, you must report it.

Note: Under CFR 117.12(a)(2), certain discharges of hazardous substances (*listed in Table 2c-4 of these instructions*) may be exempted from the requirements of Section 311 of CWA, which establishes reporting requirements, civil penalties and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance may be exempted in the origin, source, and amount of the discharged substances are identified in the NPDES permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place. To apply for an exclusion of the discharge of any hazardous substance from the requirements of Section 311, attach additional sheets of paper to your form, setting forth the following information:

1. The substance and the amount of each substance which may be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment which is to be provided for the discharge by:
 - a. An onsite treatment system separate from any treatment system treating your normal discharge;
 - b. A treatment system designed to treat your normal discharge and which is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
 - c. Any combination of the above.

See 40 CFR § 117.12(a)(2) and (c), published on August 29, 1979, in 44 FR 50766, or contact your Regional Office (*Table 1 on Form 1, Instructions*), for further information on exclusions from Section 311.

Item VI

This requirement applies to current use or manufacture of toxic pollutant as an intermediate or final product or byproduct. The Director may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the Director has adequate information to issue your permit. You may not claim this information as confidential; however, you do not have to distinguish between use or production of the pollutants or list the amounts.

Item VII

Self explanatory. The permitting authority may ask you to provide additional details after your application is received.

Item IX

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than six months, or by both."

40 CFR Part 122.22 requires the certification to be signed as follows:

(A) *For a corporation:* by a responsible corporate official. For purposes of this section, a responsible corporate official means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (*in second-quarter 1980 dollars*), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

Note: EPA does not require specific assignments or delegation of authority to responsible corporate officers identified in §122.22(a)(1)(i). The Agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the director to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate position under §122.22(a)(1)(ii) rather than to specific individuals.

(B) *For a partnership or sole proprietorship:* by a general partner or the proprietor, respectively; or

(C) *For a municipality, State, Federal, or other public agency:* by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal Agency includes (i) the chief executive officer of the Agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the Agency (*e.g., Regional Administrators of EPA*). Applications for Group II stormwater dischargers may be signed by a duly authorized representative (*as defined in 40 CFR 122.22(b)*) of the individuals identified above.

CODES FOR TREATMENT UNITS

PHYSICAL TREATMENT PROCESSES

| | | | |
|-----------|---------------------------------|-----------|--|
| 1-A | Ammonia Stripping | 1-M | Grit Removal |
| 1-B | Dialysis | 1-N | Microstraining |
| 1-C | Diatomaceous Earth Filtration | 1-O | Mixing |
| 1-D | Distillation | 1-P | Moving Bed Filters |
| 1-E | Electrodialysis | 1-Q | Multimedia Filtration |
| 1-F | Evaporation | 1-R | Rapid Sand Filtration |
| 1-G | Flocculation | 1-S | Reverse Osmosis (<i>Hyperfiltration</i>) |
| 1-H | Flotation | 1-T | Screening |
| 1-I | Foam Fractionation | 1-U | Sedimentation (<i>Settling</i>) |
| 1-J | Freezing | 1-V | Slow Sand Filtration |
| 1-K | Gas-Phase Separation | 1-W | Solvent Extraction |
| 1-L | Grinding (<i>Comminutors</i>) | 1-X | Sorption |

CHEMICAL TREATMENT PROCESSES

| | | | |
|-----------|----------------------------------|-----------|-------------------------------|
| 2-A | Carbon Adsorption | 2-G | Disinfection (<i>Ozone</i>) |
| 2-B | Chemical Oxidation | 2-H | Disinfection (<i>Other</i>) |
| 2-C | Chemical Precipitation | 2-I | Electrochemical Treatment |
| 2-D | Coagulation | 2-J | Ion Exchange |
| 2-E | Dechlorination | 2-K | Neutralization |
| 2-F | Disinfection (<i>Chlorine</i>) | 2-L | Reduction |

BIOLOGICAL TREATMENT PROCESSES

| | | | |
|-----------|-------------------------------|-----------|-----------------------------------|
| 3-A | Activated Sludge | 3-E | Pre-Aeration |
| 3-B | Aerated Lagoons | 3-F | Spray Irrigation/Land Application |
| 3-C | Anaerobic Treatment | 3-G | Stabilization Ponds |
| 3-D | Nitrification-Denitrification | 3-H | Trickling Filtration |

OTHER PROCESSES

| | | | |
|-----------|---------------------------------|-----------|-----------------------------------|
| 4-A | Discharge to Surface Water | 4-C | Reuse/Recycle of Treated Effluent |
| 4-B | Ocean Discharge Through Outfall | 4-D | Underground Injection |

SLUDGE TREATMENT AND DISPOSAL PROCESSES

| | | | |
|-----------|-----------------------|-----------|---------------------|
| 5-A | Aerobic Digestion | 5-M | Heat Drying |
| 5-B | Anaerobic Digestion | 5-N | Heat Treatment |
| 5-C | Belt Filtration | 5-O | Incineration |
| 5-D | Centrifugation | 5-P | Land Application |
| 5-E | Chemical Conditioning | 5-Q | Landfill |
| 5-F | Chlorine Treatment | 5-R | Pressure Filtration |
| 5-G | Composting | 5-S | Pyrolysis |
| 5-H | Drying Beds | 5-T | Sludge Lagoons |
| 5-I | Elutriation | 5-U | Vacuum Filtration |
| 5-J | Flotation Thickening | 5-V | Vibration |
| 5-K | Freezing | 5-W | Wet Oxidation |
| 5-L | Gravity Thickening | | |

TABLE 2C-1

TESTING REQUIRMENTS FOR ORGANIC TOXIC POLLUTANTS INDUSTRY CATEGORY*

| INDUSTRY CATEGORY | GC/MS FRACTION ¹ | | | |
|---|-----------------------------|------|--------------|-----------|
| | Volatile | Acid | Base/Neutral | Pesticide |
| Adhesives and sealants | X | X | X | - |
| Aluminum Forming..... | X | X | X | - |
| Auto and other laundries | X | X | X | X |
| Battery manufacturing..... | X | - | X | - |
| Coal mining..... | X | X | X | X |
| Coil coating..... | X | X | X | - |
| Copper forming..... | X | X | X | - |
| Electric and electronic compounds | X | X | X | X |
| Electroplating | X | X | X | - |
| Explosives manufacturing..... | - | X | X | - |
| Foundries | X | X | X | - |
| Gum and wood chemicals | X | X | X | X |
| Inorganic chemicals manufacturing..... | X | X | X | - |
| Iron and steel manufacturing..... | X | X | X | - |
| Leather tanning and finishing | X | X | X | X |
| Mechanical products manufacturing | X | X | X | - |
| Nonferrous metals manufacturing..... | X | X | X | X |
| Ore mining..... | X | X | X | X |
| Organic chemicals manufacturing..... | X | X | X | X |
| Pain and ink formulation..... | X | X | X | X |
| Pesticides | X | X | X | X |
| Petroleum refining | X | X | X | X |
| Pharmaceutical preparations | X | X | X | - |
| Photographic equipment and supplies | X | X | X | X |
| Plastic and synthetic materials manufacturing | X | X | X | X |
| Plastic processing | X | - | - | - |
| Porcelain enameling | X | - | X | X |
| Printing and publishing | X | X | X | X |
| Pulp and paperboard mills | X | X | X | X |
| Rubber processing..... | X | X | X | - |
| Soap and detergent manufacturing..... | X | X | X | - |
| Steam electric power plants | X | X | X | - |
| Textile mills | X | X | X | X |
| Timber products processing..... | X | X | X | X |

*See note at conclusion of 40 CFR Part 122, Appendix D (1983) for explanation of effect of suspensions on testing requirements for primary industry categories.

¹The pollutants in each fraction are listed in Item V-C.

X = Testing required.

- = Testing not required.

TABLE 2C-2

**TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES REQUIRED TO
BE IDENTIFIED BY APPLICANTS IF EXPECTED TO BE PRESENT**

TOXIC POLLUTANT

Asbestos

HAZARDOUS SUBSTANCES

Acetaldehyde
 Allyl alcohol
 Allyl chloride
 Amyl acetate
 Aniline
 Benzonitrile
 Benzyl chloride
 Butyl acetate
 Butylamine
 Captan
 Carbaryl
 Carbofuran
 Carbon disulfide
 Chlorpyrifos
 Coumpahos
 Cresol
 Crotonaldehyde
 Cyclohexane
 2,4-D (2,4-Dichlorophenoxyacetic acid)
 Diazinon
 Dicamba
 Dichlobenil
 Dichlone
 2,2 Dichloropropionic acid
 Dichlorvos
 Diethyl amine
 Dimethyl amine
 Dinitrobenzene
 Diquat
 Disulfoton
 Diuron
 Epichlorohydrin
 Ethion
 Ethylene diamine
 Formaldehyde
 Furfural
 Guthion
 Isoprene
 Isopropanolamine
 Kelthane
 Kepone
 Malathion
 Mercaptodimethur
 Methoxychlor

HAZARDOUS SUBSTANCES

Methyl mercaptan
 Methyl methacrylate
 Methyl parathion
 Mevinphos
 Mexacarbate
 Monoethyl amine
 Monomethyl amine
 Naled
 Naphthenic acid
 Nitrotoluene
 Parathion
 Phenolsufonate
 Phosgene
 Propargite
 Propylene oxide
 Pyrethrins
 Quinoline
 Resorcinol
 Strontium
 Strychnine
 2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)
 TDE (Tetrochlorodiphenyl ethane)
 2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanic acid]
 Trichlorofon
 Triethanolamine dodecylbenzenesulfonate
 Triethylamine
 Uranium
 Vanadium
 Vinyl acetate
 Xylene
 Xylenol
 Zirconium

HAZARDOUS SUBSTANCES

| | | |
|-----------------------------|--|--|
| Acetaldehyde | Butylamine | Dichlorvos |
| Acetic acid | Butyric acid | Dieldrin |
| Acetic anhydride | Cadmium acetate | Diethylamine |
| Acetone cyanohydrin | Cadmium bromide | Dimethylamine |
| Acetyl bromide | Cadmium chloride | Dinitrobenzene |
| Acetyl chloride | Calcium arsenate | Dinirophenol |
| Acrolein | Calcium arsenite | Dinitrotoluene |
| Acrylonitrile | Calcium carbide | Diquat |
| Adipic acid | Calcium chromate | Disulfoton |
| Aldrin | Calcium cyanide | Diuron |
| Allyl alcohol | Calcium dodecylbenzenesulfonate | Dodecylbenzenesulfonic acid |
| Alyll chloride | Calcium hypochlorite | Endosulfan |
| Aluminum sulfate | Captan | Endrin |
| Ammonia | Carbaryl | Epichlorohydrin |
| Ammonium acetate | Carbofuran | Ethion |
| Ammonium benzoate | Carbon disulfide | Ethylbenzene |
| Ammonium bicarbonate | Carbon tetrachloride | Ethylenediamine |
| Ammonium bichromate | Chlordane | Ethylene dibromide |
| Ammonium bifluoride | Chlorine | Ethylene dichloride |
| Ammonium bisulfite | Chlorobenzene | Ethylene diaminetetracetic acid (EDTA) |
| Ammonium carbamate | Chloroform | Ferric ammonium citrate |
| Ammonium carbonate | Chloropyrifos | Ferric ammonium exalate |
| Ammonium chloride | Chlorosulfonic acid | Ferric chloride |
| Ammonium chromate | Chromic acetate | Ferric fluoride |
| Ammonium citrate | Chromic acid | Ferric nitrate |
| Ammonium flouoroborate | Chromic sulfate | Ferric sulfate |
| Ammonium fluoride | Chromous chloride | Ferrous chloride |
| Ammonium hydroxide | Cobaltous bromide | Ferrous sulfate |
| Ammonium oxalate | Cobaltous formate | Formaldehyde |
| Ammonium silicofluoride | Cobaltous sulfamate | Formic acid |
| Ammonium sulfamate | Coumaphos | Fumaric acid |
| Ammonium sulfide | Cresol | Furfural |
| Ammonium silfite | Crotonaldehyde | Guthion |
| Ammonium tartrate | Cupric acetate | Heptachlor |
| Ammonium thiocyanate | Cupric acetoarsenite | Hexachlorocyclopentadiene |
| Ammonium thisulfate | Cupric chloride | Hydrochloric acid |
| Amyl acetate | Cupric nitrate | Hydrofluoric acid |
| Aniline | Cupric oxalate | Hydrogen cyanide |
| Antimony pentachloride | Cupric sulfate | Hydrogen sulfide |
| Antimony potassium tartrate | Cupric sulfate ammoniated | Isoprene |
| Antimony tribromide | Cupric tartrate | Isopropanolamine |
| Antimony trichloride | Cyanogen chloride | dodecylbenzenesulfonate |
| Antimony trifluoride | Cyclohexane | Kelthane |
| Antimony trioxide | 2,4-D acid (2,4-Dichlorophenoxyacetic acid esters) | Kepone |
| Arsenic disulfide | DDT | Lead acetate |
| Barium cyanide | Diazinon | Lead arsenate |
| Benzene | Dicamba | Lead chloride |
| Benzoic acid | Dichlobenil | Lead fluoborate |
| Benzonitrite | Dichlone | Lead fluorite |
| Benzoyl chloride | Dichlorobenzene | Lead iodide |
| Benzyl chloride | Dichloropropane | Lead nitrate |
| Beryllium chloride | Dichloropropene | Lead stearate |
| Beryllium fluoride | Dichloropropene-Dichloropropane mix | Lead sulfate |
| Beryllium nitrate | 2.2-Dichloropropionic acid | Lead sulfide |
| Butylacetate | | Lead thiocyanate |
| n-Butylphthalate | | Lindane |
| | | Lithium chromate |
| | | Malathion |

TABLE 2C-4

HAZARDOUS SUBSTANCES *(Continued)*

| | | |
|---------------------------------|---|------------------------------|
| Maleic acid | Sodium bifluoride | Zinc ammonium chloride |
| Maleic anhydride | Sodium bisulfite | Zinc borate |
| Mercaptodimethur | Sodium chromate | Zinc bromide |
| Mercuric cyanide | Sodium cyanide | Zinc carbonate |
| Mercuric nitrate | Sodium dodecylbenzenesulfonate | Zinc chloride |
| Mercuric sulfate | Sodium fluoride | Zinc cyanide |
| Mercuric thiocyanate | Sodium hydrosulfide | Zinc fluoride |
| Mercurous nitrate | Sodium hydroxide | Zinc formate |
| Methoxychlor | Sodium hypochlorite | Zinc hydrosulfite |
| Methyl methacrylate | Sodium methylate | Zinc nitrate |
| Methyl parathion | Sodium nitrate | Zinc phenolsulfonate |
| Mevinphos | Sodium phosphate (dibasic) | Zinc phosphide |
| Mexacarbate | Sodium phosphate (tribasic) | Zinc silicofluoride |
| Monethylamine | Sodium selenite | Zinc sulfate |
| Monomethylamine | Strontium chromate | Zirconium nitrate |
| Naled | Strychnine | Zirconium potassium fluoride |
| Naphthalene | Styrene | Zirconium sulfate |
| Naphthenic acid | Sulfuric acid | Zirconium tetrachloride |
| Nickel ammonium sulfate | Sulfur monochloride | |
| Nickel chloride | 2,4,5-T acid (2,4,5-Trichlorophenoxy acetic acid) | |
| Nickel hydroxide | 2,4,5-T amines (2,4,5-Trichlorophenoxy acetic acid amines) | |
| Nickel nitrate | 2,4,5-T esters (2,4,5-Trichlorophenoxy propanoic acid) | |
| Nickel sulfate | 2,4,5-TP acid esters (2,4,5-Trichlorophenoxy propanoic acid esters) | |
| Nitric acid | TDE (Tetrachlorodiphenyl ethane) | |
| Nitrobenzene | Tetraethyl lead | |
| Nitrogen dioxide | Tetraethyl pyrophosphate | |
| Nitrophenil | Thallium sulfate | |
| Nitrotoluene | Toluen | |
| Paraformaldehyde | Toxaphene | |
| Parathion | Trichlorofon | |
| Pentachlorophenol | Trichloroethylene | |
| Phenol | Trichlorophenol | |
| Phosgene | Triethanolamine | |
| Phosphoric acid | dodecylbenzenesulfonate | |
| Phosphorus | Triethylamine | |
| Phosphorus oxychloride | Trimethylamine | |
| Phosphorus pentasulfide | Uranyl acetate | |
| Phosphorus trichloride | Uranyl nitrate | |
| Polychlorinated biphenyls (PCB) | Vanadium pentoxide | |
| Potassium arsenate | Vanadyl sulfate | |
| Potassium arsenite | Vinyl acetate | |
| Potassium bichromate | Vinylidene chloride | |
| Potassium cyanide | Xylene | |
| Potassium hydroxide | Xylenol | |
| Potassium permanganate | Zinc acetate | |
| Propargite | | |
| Propionic acid | | |
| Propionic anhydride | | |
| Propylene oxide | | |
| Pyrethrins | | |
| Quinoline | | |
| Resorcinol | | |
| Selenium oxide | | |
| Silver nitrate | | |
| Sodium | | |
| Sodium arsenate | | |
| Sodium arsenite | | |
| Sodium bichromate | | |

TABLE 2C-4 *(continued)*

LINE DRAWING

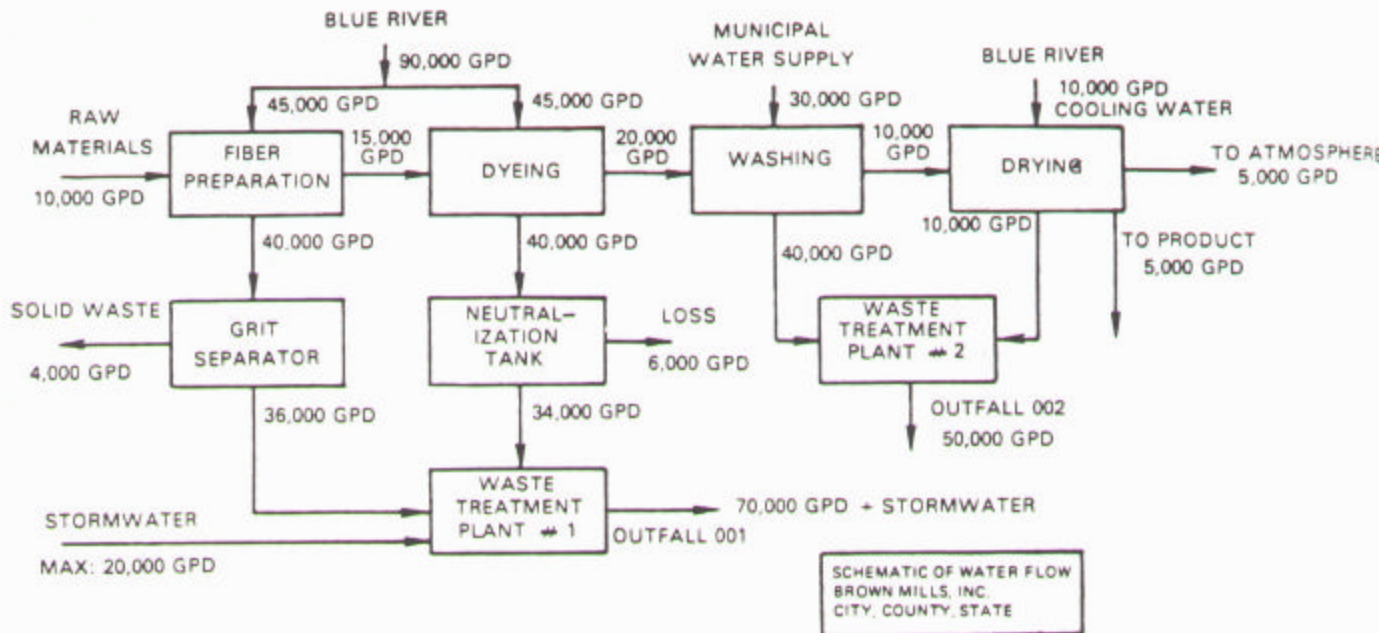


FIGURE 2C-1

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ **YES** (complete the following table)

☐ **NO** (go to Section III)

[illegible]

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ **YES** (complete Item III-B)☐ **NO** (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ **YES** (complete Item III-C)

☐ **NO** (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

[illegible]

IV. IMPROVEMENTS

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ **YES** (complete the following table)

☐ **NO** (go to Item IV-B)

[illegible]

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED

A, B, & C: See instructions before proceeding- Complete one set of tables for each outfall - Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets number V-1 through V-9.

[illegible]

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ **NO** (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ **YES** (identify the test(s) and describe their purpose below)

☐ **NO** (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ **YES** (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ **NO** (go to Section IX)[illegible]

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

| |
|---|
| B. PHONE NO. (<i>area code & no.</i>) |
|---|

()

C. SIGNATURE

| |
|----------------|
| D. DATE SIGNED |
|----------------|

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)

V. INTAKE AND EFFLUENT CHARACTERISTICS (*continued from page 3 of Form 2-C*)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

| 1. POLLUTANT | 2. EFFLUENT | | | | | | d. NO. OF ANALYSIS | 3. UNITS (<i>specify if blank</i>) | | 4. INTAKE (<i>optional</i>) | | |
|---|------------------------|----------|--|----------|---|----------|--------------------|---|---------|-------------------------------|----------|-----------------------|
| | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (<i>if available</i>) | | c. LONG TERM AVRG. VALUE (<i>if available</i>) | | | a. CONCEN- TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| a. Biochemical Oxygen Demand (<i>BOD</i>) | | | | | | | | | | | | |
| b. Chemical Oxygen Demand (<i>COD</i>) | | | | | | | | | | | | |
| c. Total Organic Carbon (<i>TOC</i>) | | | | | | | | | | | | |
| d. Total Suspended Solids (<i>TSS</i>) | | | | | | | | | | | | |
| e. Ammonia (<i>as N</i>) | | | | | | | | | | | | |
| f. Flow | Value | | Value | | Value | | | | | Value | | |
| g. Temperature (<i>winter</i>) | Value | | Value | | Value | | | °C | | Value | | |
| h. Temperature (<i>summer</i>) | Value | | Value | | Value | | | °C | | Value | | |
| i. pH | Minimum | Maximum | Minimum | Maximum | | | | STANDARD UNTIS | | | | |

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

| 1. POLLUT- ANT AND CAS NO. (<i>if available</i>) | 2. MARK 'X' | | 2. EFFLUENT | | | | | | d. NO. OF ANALYSIS | 3. UNITS (<i>specify if blank</i>) | | 4. INTAKE (<i>optional</i>) | | |
|--|----------------------------------|---------------------------------|---------------------------|----------|--|----------|---|----------|-----------------------|---|---------|-------------------------------|----------|-----------------------|
| | a. BE- LIEVED PRES- ENT | b. BE- LIEVED AB- SENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (<i>if available</i>) | | c. LONG TERM AVRG. VALUE (<i>if available</i>) | | | a. CONCEN- TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | (1) CONCENTRATIO N | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| a. Bromide (24959-67-9) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| b. Chlorine, Total Residual | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| c. Color | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| d. Fecal Coliform | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| e. Fluoride (16984-48-8) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| f. Nitrate- Nitrite (<i>as N</i>) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |

ITEM V-B CONTINUED FROM FRONT

| 1. POLLUT- ANT AND CAS NO. (if available) | 2. MARK 'X' | | 2. EFFLUENT | | | | | | d. NO. OF ANALYSIS | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | | |
|---|---------------------------------|--------------------------------|---------------------------|----------|---|----------|--|----------|-----------------------|--------------------------------|---------|-------------------------------|----------|-----------------------|--|
| | a. BE LIEVED PRES- ENT | b. BE LIEVED AB- SENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | | a. CONCEN- TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES | |
| | | | (1) CONCENTRATIO N | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | | |
| g. Nitrogen, Total Organic (as N) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| h. Oil and Grease | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| i. Phosphorus (as P), Total (7723-14-0) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| j. Radioactivity | | | | | | | | | | | | | | | |
| (1) Alpha, Total | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| (2) Bets, Total | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| (3) Radium, Total | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| (4) Radium 226, Total | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| k. Sulfate (as SO ₄) (14808-79-8) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| l. Sulfide (as S) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| m. Sulfite (as SO ₃) (14265-45-3) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| n. Surfactants | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| o. Aluminum, Total (7429-90-5) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| p. Barium, Total (7440-39-3) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| q. Boron, Total (7440-42-8) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| r. Cobalt, Total (7440-48-4) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| s. Iron, Total (7439-89-4) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| t. Magnesium, Total (7439-95-4) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| u. Molybdenum, Total (7439-98-7) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| v. Manganese, Total (7439-96-5) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| w. Tin, Total (7440-31-5) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| x. Titanium, Total (7440-32-6) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions*), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

| 1. POLLUT- ANT AND CAS NO. (if available) | 2. MARK 'X' | | | 2. EFFLUENT | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | | |
|--|-------------------------------|----------------------------------|------------------------------------|-------------------------|----------|---|----------|---|----------|--------------------------------|--------------------------|----------------------|-------------------------------|----------|---------------------------|
| | a. TEST- ING RE- QUIRED | b. BE- LIEVED PRE- SENT | c. BE- LIEVE D ABSEN T | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSI S | a. CONCEN- TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSE S |
| | | | | (1) CONCENT - RATION | (2) MASS | (1) CONCENT - RATION | (2) MASS | (1) CONCENT - RATION | (2) MASS | | | | (1) CONCENTRATIO N | (2) MASS | |
| METALS, CYANIDE, AND TOTAL PHENOLS | | | | | | | | | | | | | | | |
| 1m. Antimony, Total (7440-36-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 2M. Arsenic, Total (7440-38-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 3M. Beryllium, Total (7440-41-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 4M. Cadmium, Total (7440-43-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 5M Chromium, Total (7440-47-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 6M Copper, Total (7440-50-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 7M lead, Total (7439-92-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 8M Mercury, Total (7439-97-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 9M Nickel, Total (7440-02-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 10M Selenium, Total (7782-49-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 11M Silver, Total (7440-22-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 12M Thallium, Total (7440-28-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 13M Zinc, Total (7440-66-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 14M Cyanide, Total (57-12-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 15M Phenols, Total | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| DIOXIN 2,3,7,8-Tetra- chlorodibenzo- P-Dioxin (1764-01-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DESCRIBE RESULTS | | | | | | | | | | | |

CONTINUED FROM THE FRONT

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK 'X' | | | 2. EFFLUENT | | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | | | |
|---|--------------------------|--------------------------|--------------------------|------------------------|----------|--|----------|---|----------|--------------------|-----------------------------|--|----------------------------|----------|--------------------|--|--|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | | | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES | | |
| | | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | | | |
| GC/MS - VOLATILE COMPOUNDS | | | | | | | | | | | | | | | | | |
| 1V. Acrolein (107-02-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 2V Acrylonitrile (107-13-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 3V Benzene (71-43-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 4V Bis (Chloromethyl) Ether (542-88-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 5V Bromoform (75-25-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 6V Carbon Tetrachloride (56-23-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 7V Chlorobenzene (108-90-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 8V Chlorodibromomethane (124-48-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 9V Chloroethane (75-00-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 10V 2-Chloroethylvinyl Ether (110-75-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 11V Chloroform (67-66-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 12V Dichlorobromoethane (75-71-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 13V Dichlorodifluoromethane (75-71-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 14V 1,1-Dichloroethane (75-34-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 15V 1,2-Dichloroethane (107-06-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 16V 1,1-Dichloroethylene (75335-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 17V 1,2-Dichloropropane (78-87-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 18V 1,3-Dichloropropylene (542-76-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 19V Ethylbenzene (100-41-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 20V Methyl Bromide (74-83-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 21V Methyl Chloride (74-87-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |

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EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK 'X' | | | 2. EFFLUENT | | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | |
|---|--------------------------|--------------------------|--------------------------|------------------------|----------|--|----------|--|----------|--------------------|-----------------------------|---------|----------------------------|----------|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| GC/MS - VOLATILE COMPOUNDS (continued) | | | | | | | | | | | | | | | |
| 22 V Methylene Chloride (75-09-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 23V 1,1,2,2-Tetra-Chloroethane (79-34-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 24V Tetrachloroethylene (127-18-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 25V Toluene (108-88-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 26V 1,2-Trans - Dichloroethylene (156-60-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 27V 1,1,1-Tri-chloroethane (71-55-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 28V 1,1,2-Tri-chloroethane (79-00-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 29V Trichloroethylene (79-01-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 30V Trichlorofluoromethane (75-69-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 31V Vinyl Chloride (75-01-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| GC/MS FRACTION - ACID COMPOUNDS | | | | | | | | | | | | | | | |
| 1A 2-Chlorophenol (95-57-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 2A 2,4-Dichlorophenol (120-83-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 3A 2,4-Dimethylphenol (105-67-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 4A 4,6-Dinitro-O-cresol (534-52-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 5A 2,4-Dinitrophenol (51-28-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 6A 2-Nitrophenol (88-75-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 7A 4-Nitrophenol (100-02-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 8A p-Chloro-M-Cresol (59-50-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 9A Penta-chlorophenol (87-86-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 10A Phenol (101-95-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 11A 2,4,6-Tri-chlorophenol (88-06-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |

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| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK 'X' | | | 2. EFFLUENT | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | | |
|--|--------------------------|--------------------------|--------------------------|------------------------|----------|--|----------|---|----------|-----------------------------|------------------|----------------------|----------------------------|----------|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS | | | | | | | | | | | | | | | |
| 1B Acenaphthene (83-32-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 2B Acenaphthylene (208-96-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 3B Anthracene (120-12-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 4B Benzidine (92-87-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 5B Benzo (a) Anthracene (56-55-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 6B Benzo (a) Pyrene (50-32-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 7B 3,4-Benzo-fluoranthene (205-99-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 8B Benzo (ghi) Perylene (191-24-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 9B Benzo (k) Fluoranthene (207-08-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 10B Bis (2-Chloroethoxy) Methane (111-91-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 11B Bis (2-Chloroethyl) Ether (111-44-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 12B Bis (2-Chloroisopropyl) Ether (102-60-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 13B Bis(2-Ethylhexyl) Phthalate (117-81-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 14 B 4-Bromophenyl Phenyl Ether (101-55-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 15B Butyl Benzyl Phthalate (85-68-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 16B 2-Chloronaphthalene (91-68-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 17B 4-Chlorophenyl Phenyl Ether (7005-72-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 18B Chrysene (218-01-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 19B Dibenzo (a,h) Anthracene (53-70-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 20B 1,2-Dichlorobenzene (95-50-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 21B 1,3-Dichlorobenzene (541-73-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |

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EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK 'X' | | | 2. EFFLUENT | | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | |
|--|--------------------------|--------------------------|--------------------------|------------------------|----------|--|----------|---|----------|--------------------|-----------------------------|---------|----------------------------|----------|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCEN-TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | | (1) CONCENT - RATION | (2) MASS | (1) CONCENT - RATION | (2) MASS | (1) CONCENT - RATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| GC/MS - BASE/NEUTRAL COMPOUNDS (continued) | | | | | | | | | | | | | | | |
| 22B 1,4-Dichloro-benzene (106-46-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 23B 3,3'-Dichloro-benzidine (91-94-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 24B Diethyl Phthalate (84-66-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 25B Dimethyl Phthalate (131-11-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 26B Di-N-Butyl Phthalate (131-11-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 27B 2,4-Dinitro-toluene (121-14-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 28B 2,6-Dinitro-toluene (606-20-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 29B Di-N-Octyl Phthalate (117-84-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 30B 1,2-Diphenyl-hydrazine (as Azo-benzene) (122-66-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 31B Fluoranthene (206-44-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 32B Fluorene (86-73-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 33B Hexa-chlorobenzene (118-74-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 34B Hexa-chlorobutadiene (87-68-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 35B Hexachloro-cyclopentadiene (77-47-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 36B Hexa-chloroethane (67-72-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 37B Indeno (1,2,3-cd) Pyrene (193-39-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 38B Isophorone (78-59-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 39B Napthalene (91-20-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 40B Nitrobenzene (98-95-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 41B N-Nitro-sodimethylamine (62-75-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 42B N-Nitrosdi-N-Propylamine (621-64-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |

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| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK 'X' | | | 2. EFFLUENT | | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | | | |
|--|--------------------------|--------------------------|--------------------------|------------------------|----------|--|----------|---|----------|--------------------|-----------------------------|--|----------------------------|----------|--------------------|--|--|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | | | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES | | |
| | | | | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | (1) CONCENTRATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | | | |
| GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued) | | | | | | | | | | | | | | | | | |
| 43B N-Nitrosodiphenylamine (86-30-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 44B Phenanthrene (85-01-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 45B Pyrene (129-00-0) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 46B 1,2,4-Trichlorobenzene (120-82-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| GC/MS FRACTION - PESTICIDES | | | | | | | | | | | | | | | | | |
| 1P Aldrin (309-00-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 2P β -BHC (319-85-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 4P γ -BHC (58-89-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 5P δ -BHC (319-86-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 6P Chlordane (57-74-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 7P 4,4'-DDT (50-29-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 8P 4,4'-DDE (72-55-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 9P 4,4'-DDD (72-54-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 10P Dieldrin (60-57-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 11P α -Endosulfan (115-29-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 12P β -Endosulfan (115-29-7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 13P Endosulfan Sulfate (1031-07-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 14P Endrin (72-20-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 15P Endrin Aldehyde (7421-93-4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 16P Heptachlor (76-44-8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |

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EPA I.D. NUMBER (copy from Item 1 of Form 1)

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| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK 'X' | | | 2. EFFLUENT | | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | |
|---|--------------------------|--------------------------|--------------------------|------------------------|----------|--|----------|---|----------|--------------------|-----------------------------|---------|----------------------------|----------|--------------------|
| | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE | | b. MAXIMUM 30 DAY VALUE (if available) | | c. LONG TERM AVRG. VALUE (if available) | | d. NO. OF ANALYSES | a. CONCEN-TRATION | b. MASS | a. LONG TERM AVERAGE VALUE | | b. NO. OF ANALYSES |
| | | | | (1) CONCENT - RATION | (2) MASS | (1) CONCENT - RATION | (2) MASS | (1) CONCENT - RATION | (2) MASS | | | | (1) CONCENTRATION | (2) MASS | |
| | | | | | | | | | | | | | | | |
| GC/MS - PESTICIDES (continued) | | | | | | | | | | | | | | | |
| 17P Heptachlor Epoxide (1024-57-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 18P PCB-1242 (53469-21-9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 19P PCB-1254 (11097-69-1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 20P PCB-1221 (11104-28-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 21P PCB-1232 (11141-16-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 22P PCB-1248 (12672-29-6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 23P PCB-1260 (11096-82-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 24P PCB-1016 (12674-11-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 25P Toxaphene (8001-35-2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |